

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90049 014 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 752056
 1. Entity Name
LAKE PANASOFFKEE POST NO 10084 VETERANS OF FOREI

Principal Place of Business HWY 470 & C.R. 439 P O BOX 391 LAKE PANASOFFKEE FL 33538	Mailing Address HWY 470 & C.R. 439 P O BOX 391 LAKE PANASOFFKEE FL 33538
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7403193	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ANTLEY, WILLIAM J - Deceased
 2027 CR 470
 LAKE PANASOFFKEE FL 33538

7. Name and Address of New Registered Agent
 Name **MCCANN, DAVE**
 Street Address (P.O. Box Numbers Not Acceptable) **4647 NW 45 LANE**
 City **LAKE PANASOFFKEE FL** Zip Code **33538**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Dave McCann*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MCCANN, DAVE 4647 NW 45 LANE LAKE PANASOFFKEE FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete BRUCE, DWIGHT 1956 CR 439D LAKE PANASOFFKEE FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete COLEMAN, FREDERICK 1766 CR 543B SUMTERVILLE FL 33585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCCANN, DAVE 4647 N.W. 45TH LANE LAKE PANASOFFKEE FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVP <input type="checkbox"/> Delete BOYER, JOE 2305 CR 453 LAKE PANASOFFKEE FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROBERTS, JAMES 11136 NW 15 ST WILDWOOD FL 34785

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP <input type="checkbox"/> Change <input type="checkbox"/> Addition Boyer, Joe 2305 CR 453 LAKE PANASOFFKEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JRVP <input type="checkbox"/> Change <input type="checkbox"/> Addition PARKS, ROBERT D 815 27th St. W. BRADENTON, FL 34205-4448

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001 *Frederick Coleman*
Date Daytime Phone #

